

RICHARD GLOSSIP, et al.,  
  
Plaintiffs,  
  
vs.  
  
RANDY CHANDLER, et al.,  
  
Defendants.

9:05 a.m. CT

Reported by: Karen K. Kidwell, RMR, CRR

1 (S. CROW - 11/17/20)

2 would that be?

3 A. It would just be dependent on the  
4 situation that was at hand. And so there is the  
5 potential for me to rely on the special operations  
6 team leader, the H Unit section chief, and the  
7 IV team leader for an initial assessment, and then  
8 from that point a temporary decision could  
9 potentially -- or would potentially be made before I  
10 made notification to my leadership.

11 Q. Does the IV -- does the special operations  
12 team leader have any medical training?

13 A. I can't speak to what level of medical  
14 training that individual possesses.

15 Q. Okay. But they weren't selected because  
16 of their medical training; is that -- is that  
17 correct?

18 A. Yes.

19 Q. Okay. And -- and the H team leader, does  
20 that person have medical training?

21 A. Again, I can't speak to the level of his  
22 or her medical training.

23 Q. Okay. But -- but the existence of medical  
24 training was not a reason to select that person as  
25 the team leader, correct?

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2 A. Yes.

3 Q. Okay. Under what -- under what  
4 circumstances do you envision it being relevant to  
5 get input from either the H team leader or the  
6 special operations team leader in connection with a  
7 decision to halt a -- halt an execution?

8 A. Identification of a logistical error or a  
9 complication with the equipment used in administering  
10 the drugs. Identification of a potential IV site  
11 failure or problem. Identification of a failure or a  
12 potential failure of any equipment that is associated  
13 in the process in the overall environment.

14 And then with respect to the IV team  
15 leader, the same issues, but other potential medical  
16 concerns.

17 Q. What -- what training or expertise, if  
18 any, do the H team -- H team leader or the special  
19 ops team leader have in connection with catheters  
20 and -- and problems, as -- as you say at the IV site?

21 MR. MANSINGHANI: Object to form.

22 THE WITNESS: Training with respect to  
23 knowledge received from the H Unit section chief  
24 on what to look for or be vigilant for, whether  
25 in the room or via viewing through the closed

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2 circuit television system.

3 BY MR. STRONSKI:

4 Q. I guess -- maybe I -- I wasn't clear. My  
5 question is, what -- what expertise or training  
6 does -- and we'll take it one at a time -- the H --  
7 H Unit team leader have in connection with the use of  
8 catheters to set IVs and the evaluation of IVs?

9 MR. MANSINGHANI: Object to form.

10 THE WITNESS: No medical training that I'm  
11 aware of, other than the ability, based off of  
12 knowledge received or training received from the  
13 IV team leader, as to what to look for with  
14 respect to a potential IV site failure or  
15 problem.

16 BY MR. STRONSKI:

17 Q. Same -- same question for the special  
18 operations unit leader: What -- what expertise or  
19 training would they have concerning the use of a  
20 catheter or the evaluation of a catheter in an  
21 IV site in its -- in its operation?

22 A. Although they have the same ability and  
23 are -- are responsible for viewing the cameras that  
24 are directly fixed on the IV sites within the  
25 execution chamber, their responsibility is more with

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2 the administering of the chemicals, paying close  
3 attention for blockages or failures in the IV tubing  
4 and manifolds that are used to administer the drugs.

5 Q. Okay. So, but what -- what medical  
6 training or other training or experience do they  
7 have, if any, to perform their functions?

8 MR. MANSINGHANI: Object to form.

9 THE WITNESS: Nothing that I'm aware of,  
10 other than the knowledge they would receive in  
11 training with the IV team leader.

12 BY MR. STRONSKI:

13 Q. Okay. So all of their experience is based  
14 on working with the IV team leader? Is that fair?

15 A. Yes. And his or her team.

16 Q. Okay. And the -- and the IV team leader  
17 is not -- hasn't worked with them -- hasn't trained  
18 with them to date, correct?

19 A. Not to this point.

20 Q. Okay. So if you go to page 9 of  
21 Exhibit 1, which is Glossip 718, training V, VC. Or  
22 number -- Roman numeral V, capital C.

23 It says the H Unit section -- I'm sorry.  
24 The H -- yeah. C. The second --

25 MR. MANSINGHANI: Sorry. We're still

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2 BY MR. STRONSKI:

3 Q. And what is your understanding as to what  
4 is meant by "all necessary and medically appropriate  
5 methods"?

6 A. What process or procedure the IV team  
7 leader chooses, based on his knowledge and  
8 experience, to determine if the inmate is conscious  
9 or not.

10 Q. So the -- the methods that are used are  
11 entirely in the discretion of the IV team leader?

12 A. Yes, sir.

13 Q. And can you imagine a scenario where you  
14 would disagree with the IV team leader on the methods  
15 that would be considered necessary and medically  
16 appropriate under this policy?

17 A. Only in the instance if no methodology was  
18 used at all.

19 Q. How would you know whether or not no  
20 methodology was used at all?

21 A. There is a process that's involved in  
22 checking the inmate for consciousness or not, and if  
23 that process -- if there was an attempt to forgo that  
24 process, or there was no physical procedure or  
25 process to do so, then that would cause me to -- to

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2 question the methodology that the -- the IV team  
3 leader used.

4 Q. Okay. As -- as long as the IV team leader  
5 went into the room and did something, you -- you  
6 wouldn't have a basis to question whether or not  
7 whatever was done met the standard of all necessary  
8 and medically appropriate methods, correct?

9 MR. MANSINGHANI: Object to the form.

10 THE WITNESS: I would depend on the  
11 IV team leader's education and experience for  
12 that determination, so I would not question.

13 BY MR. STRONSKI:

14 Q. Then if you look at Number 4, it says "If  
15 confirmed the inmate is unconscious." Who's making  
16 that determination?

17 A. The IV team leader.

18 Q. Okay. And the requirement is a  
19 determination as to whether they're responsive or not  
20 responsive, not a further requirement as to whether  
21 they're insensate, correct?

22 MR. MANSINGHANI: Object to the form.

23 THE WITNESS: It specifically states  
24 conscious or unconscious.

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2 THE WITNESS: Yes, sir, it does not expand  
3 beyond that.

4 BY MR. STRONSKI:

5 Q. Okay. And based on a determination that  
6 the inmate is unconscious, it says "the director will  
7 order the remaining chemicals be dispensed." Do you  
8 see that?

9 A. Yes, sir, I do.

10 Q. Now, do you have any discretion on whether  
11 or not you order the -- that the remaining chemicals  
12 be dispensed, if the IV team leader tells you the  
13 inmate's unconscious?

14 A. If the inmate -- team leader advises that  
15 the inmate is unconscious, and there's no other  
16 circumstances existing otherwise, then my discretion  
17 is only to proceed.

18 Q. Okay. And once -- once you're  
19 administering or dispensing the remaining chemicals,  
20 where -- where is the IV team leader?

21 A. Standing directly beside what we refer to  
22 as the manifold board, which is approximately 2 feet  
23 from where I would be located.

24 Q. Okay. And the IV team leader also is --  
25 is not in the same room as the prisoner, correct?



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2 BY MR. STRONSKI:

3 Q. Okay. And -- and "the IV team," it says.  
4 So the IV team would include the IV team leader,  
5 correct?

6 A. Yes.

7 Q. Okay. And it also includes another  
8 person, who I think you -- you identified as the  
9 physician's assistant; is that correct?

10 A. Potentially a physician's assistant, or a  
11 nurse, or an EMT, paramedic, or military corpsman.

12 Q. Okay. So my understanding is that  
13 you've -- you've selected already -- although you  
14 haven't worked out all the details, but you've  
15 selected the person who -- who likely will be the  
16 IV team leader. Have you not selected the other  
17 IV team members yet?

18 A. We -- we have a potential candidate that  
19 has not been confirmed.

20 Q. Okay. And that candidate's -- without  
21 telling me their name -- that candidate's medical  
22 training is what?

23 A. A registered nurse.

24 Q. Okay. And then it provides that "The  
25 IV team leader shall again physically confirm the

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2 inmate is unconscious using proper medical  
3 procedures." Do you see that?

4 A. Yes, sir.

5 Q. So this -- this is stated differently than  
6 earlier. Previously -- previously, the -- the  
7 IV team leader is to "physically confirm the inmate  
8 is unconscious by using all necessary and medically  
9 appropriate methods."

10 How -- how is that different than is  
11 unconscious by using -- by "using proper medical  
12 procedures"?

13 A. My interpretation of that, sir, is one and  
14 the same.

15 Q. Okay. And are you going to rely upon the  
16 evaluation of the IV team leader, with respect to  
17 Number 8, in determining whether or not the inmate is  
18 responsive or unresponsive in connection with this  
19 consciousness determination?

20 A. Yes, I am.

21 Q. Okay. And this -- this procedure doesn't  
22 further require either a determination of whether the  
23 inmate is also insensate or has reached a surgical  
24 level of anesthesia, correct?

25 MR. MANSINGHANI: Object to the form.

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2 do -- to do that, right?

3 A. It is not my discretion to continue beyond  
4 the hour without consulting leadership. That is  
5 stated in policy, but -- that is stated in policy.

6 Q. Okay. There's a cut-down procedure,  
7 right, that you -- that can be done? And that is  
8 establishing a -- a central IV, correct?

9 A. Yes.

10 MR. MANSINGHANI: Object to form.

11 BY MR. STRONSKI:

12 Q. Okay. Who -- if -- if an IV line can't be  
13 established after an hour, who decides whether you --  
14 you then do the central line or you -- you stop the  
15 execution?

16 A. That is a decision that the director makes  
17 after consulting with the IV team leader.

18 Q. Okay. So it's not -- it's not a decision  
19 made by the governor, correct?

20 A. No. That conversation is just a briefing  
21 on the status of -- of the situation.

22 Q. Okay. And so you don't have to request a  
23 postponement of the governor from the governor.  
24 You -- you decide that for yourself. Correct?

25 A. Although I've never been in that